

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20306

1. Entity Name

ELAN AT CALUSA CONDOMINIUM IV ASSOCIATION, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90045 028 ****61.25

Principal Place of Business

Mailing Address

% LAKEVIEW MANAGEMENT
13388 S.W. 128TH STREET
MIAMI FL 33186

% LAKEVIEW MANAGEMENT
13388 S.W. 128TH STREET
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2819041

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLVIN, GLEN
% LAKEVIEW MANAGEMENT
13388 S.W. 128TH STREET
MIAMI FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SALVINO, MARSHA
STREET ADDRESS 12988 S.W. 88 TERRACE
CITY-ST-ZIP MIAMI FL 33186

TITLE VD ☐ Change ☒ Addition
NAME DOMINIQUE MELLON
STREET ADDRESS 12910 SW 88 TERRACE
CITY-ST-ZIP MIAMI, FL 33186

TITLE VD ☒ Delete
NAME MARISOL RANGEL
STREET ADDRESS 12914 S.W. 88 TERRACE
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME HAINS, PHYLLIS
STREET ADDRESS 12900 S.W. 88 TERRACE
CITY-ST-ZIP MIAMI FL 33186

TITLE ☒ Change ☐ Addition
NAME HAINS, PHYLLIS
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME KATZ, HOWARD
STREET ADDRESS 12942 S.W. 88 TERRACE
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Phyllis HAINS 1/19/01 305/666-6104

CR2E037 (10/00)